



PTO/SB/21 (09-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

**18**

Application Number

10/612,884

Filing Date

July 2, 2003

First Named Inventor

HOUGHTON

Art Unit

1648

Examiner Name

S. Chen

Attorney Docket Number

PP019545.0003 (2300-19545)

**ENCLOSURES (Check all that apply)**

Fee Transmittal Form (2 pgs)



Fee Attached (\$1810)



Amendment/Reply (11 pgs)



After Final



Affidavits/declaration(s)



Extension of Time Request (2 pgs)



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)



Reply to Missing Parts/ Incomplete Application



Reply to Missing Parts under 37 CFR 1.52 or 1.53



Drawing(s)



Licensing-related Papers



Petition



Petition to Convert to a Provisional Application



Power of Attorney, Revocation Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) \_\_\_\_\_



Landscape Table on CD



After Allowance Communication to TC



Appeal Communication to Board of Appeals and Interferences



Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)



Proprietary Information



Status Letter



Other Enclosure(s) (please identify below):

Request for Continued Examination (2 pgs)

Check for \$1810.00

Return Receipt Postcard

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Robins &amp; Pasternak LLP

Signature

Printed name

Roberta L. Robins

Date

May 25, 2006

Reg. No.

33,208

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

Denise M. Vaillancourt

Date

May 25, 2006



PTO/SB/17 (12-04)

<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
		Application Number	10/612,884
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	July 2, 2003
		First Named Inventor	HOUGHTON
		Examiner Name	S. Chen
TOTAL AMOUNT OF PAYMENT		Art Unit	1648
(\$ 1810.00)		Attorney Docket No.	PP019545.0003 (2300-19545)

**METHOD OF PAYMENT (check all that apply)**

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 18-1648 Deposit Account Name: Robins & Pasternak LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100	
Multiple dependent claims	360	180	

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____	_____	_____	_____	_____	_____	_____
-20 or HP = _____ x _____ = _____						
HP = highest number of total claims paid for, if greater than 20						
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
_____	_____	_____	_____			
-3 or HP = _____ x _____ = _____						
HP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets \_\_\_\_\_ Extra Sheets \_\_\_\_\_ Number of each additional 50 or fraction thereof \_\_\_\_\_ Fee (\$) \_\_\_\_\_ Fee Paid (\$) \_\_\_\_\_

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)0**

Non-English Specification, \$130 fee (no small entity discount)

Other: RCE

Petition to Extend Time

**Fees Paid (\$)**

790

1020

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	Telephone (510) 923-2969
Name (Print/Type)	Roberta L. Robins	33,208	Date May 25, 2006